

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

960296.00002

First Named Inventor

Walter Block

**COMPLETE IF KNOWN**

Application Number

Filing Date

Herewith

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BACKGROUND SUPPRESSION METHOD FOR TIME-RESOLVED  
MAGNETIC RESONANCE ANGIOGRAPHY**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number 26710 OR ☒ Correspondence address below

Name **Barry E. Sammons**

Address **Quarles & Brady, LLP**

Address **411 East Wisconsin Avenue**

City **Milwaukee**

State **WI**

ZIP **53202**

Country **USA**

Telephone **414.277.5705**

Fax **414.271.3552**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name **Walter**  
(first and middle [if any])

Family Name **Block**  
or Surname

Inventor's  
Signature

*Walter F Block*

Date **1/20/04**

Residence: City **Madison**

State **WI**

Country **USA**

Citizenship **US**

Mailing Address **426 Hillington Way**

Mailing Address

City **Madison**

State **WI**

ZIP **53705 53726**

Country **USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name **Arjun**  
(first and middle [if any])

Family Name **Arunachalam**  
or Surname

Inventor's  
Signature

*A. Arjun*

Date **1/20/04**

Residence: City **Madison**

State **WI**

Country **USA**

Citizenship **India**

Mailing Address **1932 University Avenue, Apt. 403**

Mailing Address

City **Madison**

State **WI**

ZIP **53726**

Country **USA**

☐ Additional inventors are being named on the \_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.